

Developing a Clinical Pathway to Improve School-Based Health Care for Adolescent Substance Abuse

Winona Stoltzfus, MD



Acknowledgments

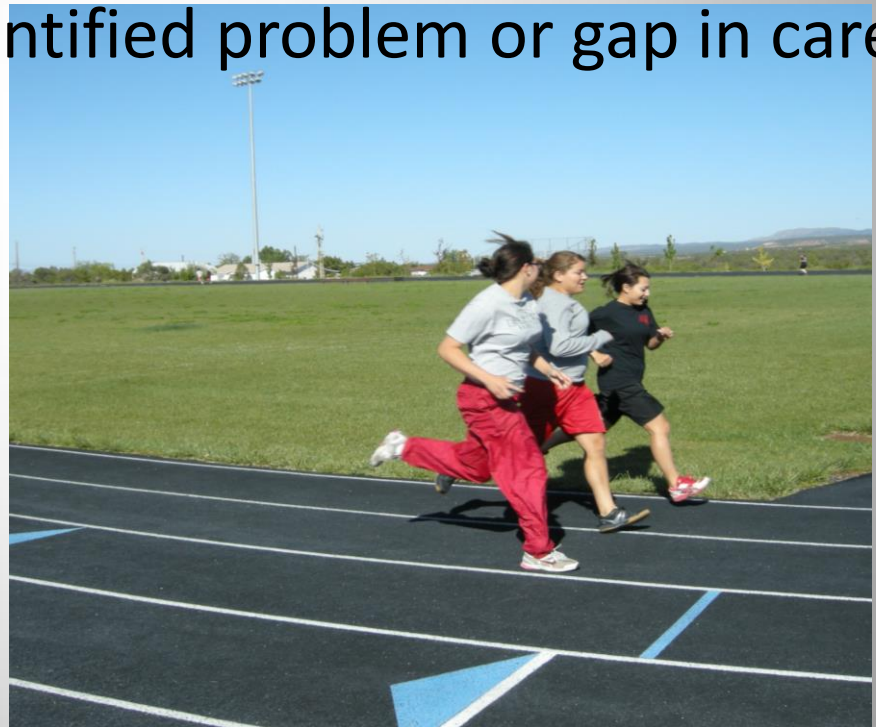
- Mary M. Ramos, MD, MPH
Envision New Mexico
- Terri Chauvet & McKane Sharff, MS
Envision New Mexico
- Timothy P. Condon, PhD
CASAA

Disclosures

In compliance with the ACCME/NMMS Standards for commercial support of CME, as the presenter, I advise the audience that we have no relevant financial relationships to disclose.

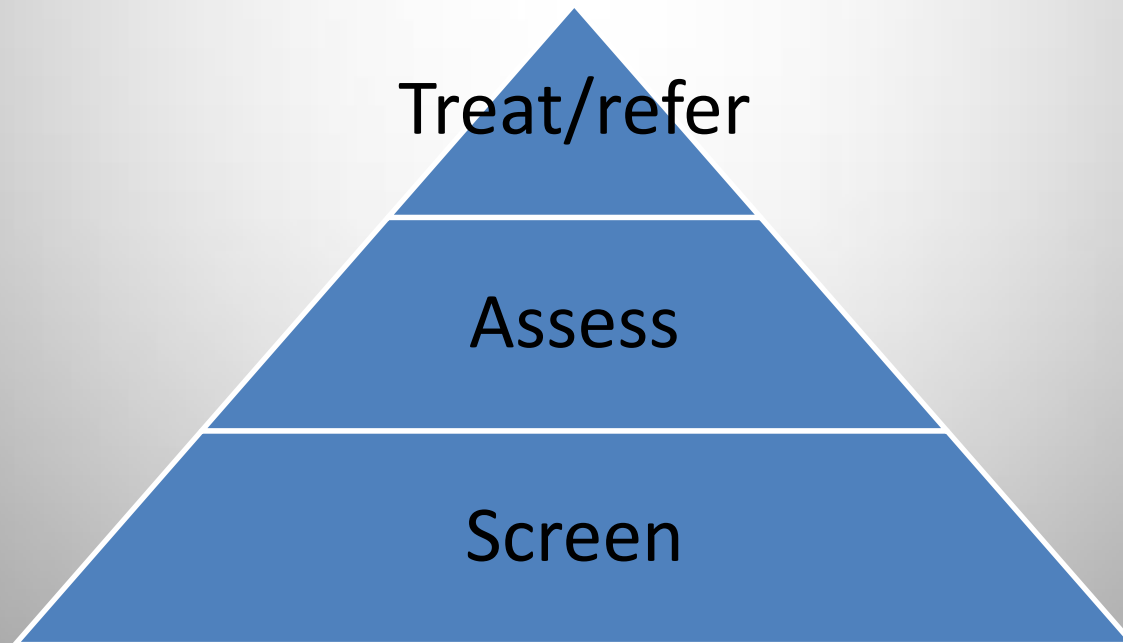
What is a clinical pathway?

- Structured, multidisciplinary care plan
- Translates evidence-based practice into local care
- Way of responding to identified problem or gap in care
- Outlines the expected progress



Reasons to develop a clinical pathway

- Optimize patient care and outcome
- Curb widespread practice variation
- Provide a 'roadmap' of care for providers, patients and other health care personnel.



Overview

- **Problem:** Adolescent Substance Abuse
- **Gap:** how to optimally use SBHC resources in response to this public health issue
- **Clinical pathway:** based on SBIRT model
 - Reference: Substance Abuse Screening, Brief Intervention, and Referral to Treatment, *Pediatrics* 2011;128;e1330

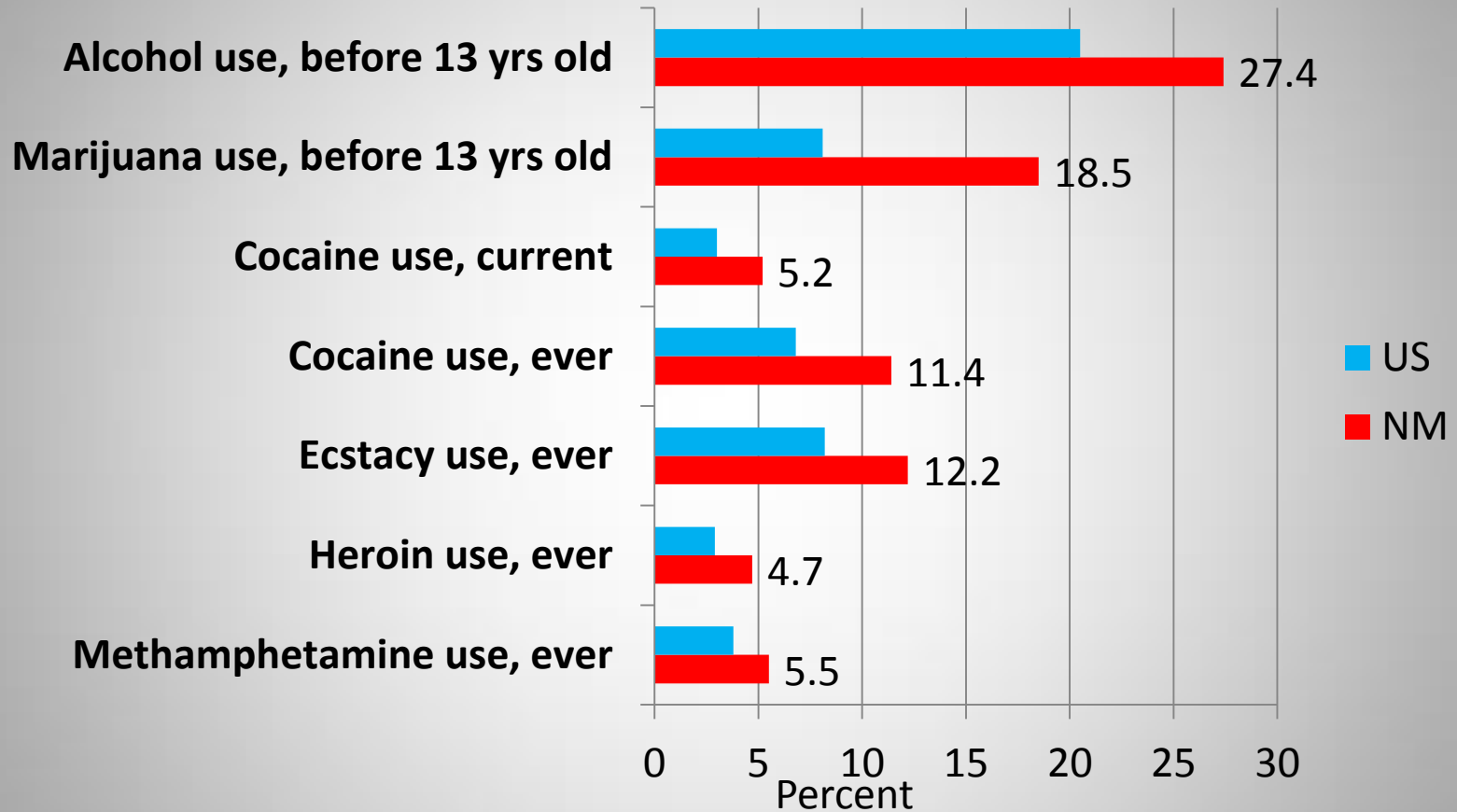
Identifying the Problem: Adolescent Substance Abuse

- Among High School School-Based Health Center (SBHC) users in NM*:
 - 60% have used alcohol
 - 30% use marijuana or other drugs
 - 30% have been in car with impaired driver

*2011-2012 NMDOH SHQ data, unpublished

- NM leads US in many indicators of adolescent substance abuse (YRBS data)

Adolescent substance use, US and NM high school students



CDC 2011 YRBS data

Student Health Questionnaire (SHQ)

- Health screen used in NM SBHCs
- Includes CRAFFT, a validated tool to screen for adolescent substance abuse



CRAFFT *

- Endorsed by the American Academy of Pediatrics*
- CRAFFT elements
 - C** - ridden in a **CAR** driven by someone who was “high”?
 - R** –use to **RELAX**?
 - A** –use while **ALONE**?
 - F** - ever **FORGET** things you did while using?
 - F**- family or **FRIENDS** ever tell you to cut down on use?
 - T** - ever gotten into **TROUBLE** while using?

* *Pediatrics* 2011;128:e1330

Student Health Questionnaire/CRAFFT

- 40% NM high school students who use SBHCs screen positive for substance abuse with CRAFFT

*2011-2012 NM SBHC data, unpublished



Provider Practice: Variation and Under Treatment (1)

- In SBHCs, CRAFFT not recognized as a screen
 - SBHC provider survey in 2012
 - Only 1 in 10 providers aware of CRAFFT



Provider Practice: Variation and Under Treatment (2)

- No validated assessment tool exists for primary care
 - Variations in how providers assessing
- No developed standard of care
- Few referral sources

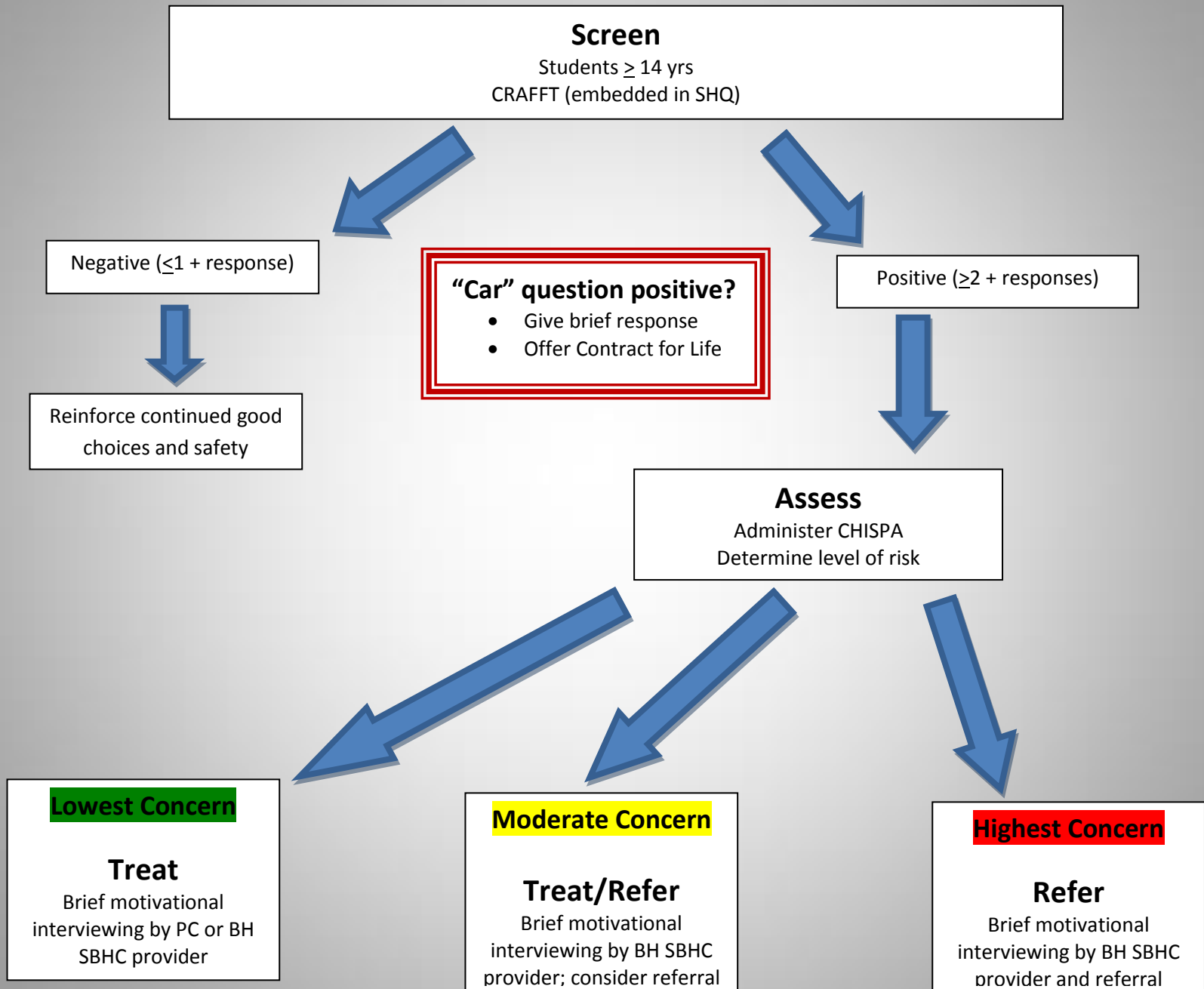
Methods: the Pathway Process

- Develop multidisciplinary team
- Review literature and 'clinical practice guidelines'
 - SBIRT Model: Screening, Brief Intervention, Referral and Treatment
- Study historical practice
 - SBHC provider survey on practices
 - SBHC Provider focus group
 - Review electronic data on SHQ/CRAFFT screening

Methods

- Synthesize findings in regular meetings to generate the steps in the pathway
 - Follow the SBIRT model
 - Screen with SHQ (CRAFFT)
 - Assess with CHISPA
 - newly created tool
 - Adapted from NIAAA
 - Treat and Refer per level of risk

Clinical Pathway to Improve School-Based Health Care for Adolescent Substance Abuse



Methods

- Develop and evaluate a pilot program
 - Two SBHC sites: one urban, one rural
 - Trainings for SBHC providers
 - Screening
 - Assessment (using new tool)
 - Brief Intervention (Motivational Interviewing)
 - Referral
 - Evaluate the Clinical Pathway

Intended Outcome

- Clinical pathway
 - Simple, useable format and tools
 - Accompanying handbook for SBHC providers (reference handbook) and for students
 - SBHC providers supported by:
 - tools,
 - trainings,
 - TA,
 - QA/QI
 - referral sources or consults as needed



Outcome Continued

- Measurable Impact on Care for Adolescent Substance Abuse
 - SBHCs in NM to provide appropriate care in more consistent manner
 - Optimize existing health resources (SBHCs and academic partners) to address this adolescent health problem

Next Steps



- Pilot project begun
- Evaluate pilot
- Challenges
 - Expand regionally
 - Developing resources
 - Developing and validating new tool

Evaluation

- Formative evaluation with providers
 - Screening, assessment tool, referrals, treatment
- Quantitative evaluation
 - Numbers screened, assessed, referred for care outside the SBHC or treated at SBHC.
- Use evaluation to inform expansion of program

Summing It Up

- Identified a need and gap in care.
- Using a multidisciplinary approach.
- Approach is flexible and is readily modified
- Critical assessment is key

